



N-MIECHV

## HOME VISITING COMMUNITY PLANNING GUIDE

N-MIECHV  
BUILDING SECURE FOUNDATIONS – CREATING STRONG FAMILIES

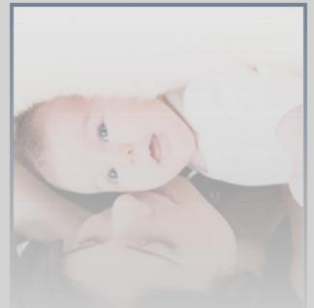
# Home Visiting Community Planning Guide

An Evidence Based Home Visiting System responds to the diverse needs of children and families in your community and provides a unique opportunity for collaboration and partnerships to improve health and development outcomes for children.

## PURPOSE

The guide was created by N-MIECHV through DHHS that instructs communities in a development process specific to making key decisions surrounding implementation of an Evidence-Based Home Visiting (EBHV) program. The determinations you make as part of this process can inform other decision making at all levels of community planning. EBHV can be one of several service strategies embedded in your comprehensive, high-quality early childhood and community system to promote maternal, infant and early childhood health and development, one that relies on the best available research evidence to inform and guide practice.

The N-MIECHV Community Planning process brings together stakeholders in a given shared area, or community, to make key decisions regarding community readiness for implementation of an evidence-based home visiting program. Stakeholders utilize current, available data to examine the population, determine the greatest areas of need, or risk, recognizing existing resources and exploring whether evidence-based home visiting can address any gaps in service.



# Home Visiting Community Planning Guide

Congratulations for facilitating a community assessment to determine assets, capacity and readiness for implementation, augmentation or expansion of EBHV in your community.

The guide provides you with information to support your facilitation of the process. This document was developed by Nebraska Maternal Infant and Early Childhood Home Visiting (N – MIECHV) to guide stakeholder groups in an efficient, structured data driven process to assess an existing local system of maternal, infant and early childhood services; determine need to implement or expand EBHV; examine local “capacity” and “readiness” to implement services; and come to a logical decision point about moving forward with planning for Home Visiting (HV) services (or not).

HV services are most successful when key components are integrated. These include the following:

- A community that understands the program and supports its development
- Professional development and competency building
- Strong community collaboration, support and ongoing involvement
- Ongoing evaluation of program implementation to achieve continuous quality improvement
- An environment where the need for the program is clearly understood and there is no duplication of efforts
- A spirit of collaboration with other early childhood programs
- Strong local leadership to nurture the development of the services<sup>1</sup>

N–MIECHV is located organizationally within the Department of Health and Human Services, Division of Public Health, and Lifespan Health Services. N–MIECHV staff is available to answer questions and provide technical assistance during your process.

## Explanation of Acronyms

MIECHV: Maternal, Infant and Early Childhood Home Visiting  
N-MIECHV: Nebraska Maternal, Infant and Early Childhood Home Visiting  
EBHV: Evidence Based Home Visiting  
HomVEE: Home Visiting Evidence of Effectiveness  
HV: Home Visiting  
MAPP: Mobilizing for Action through Planning and Partnerships

<sup>1</sup> Erin Harris, “Six Steps to Successfully Scale Impact in the Nonprofit Sector,” The Evaluation Exchange.” Harvard Family Research Project, Volume XV no. 1, Spring 2010, [www.hfrp.org](http://www.hfrp.org).

Through the home visiting program, nurses, social workers, or other trained home visitors meet with at-risk families in their homes, evaluate the families’ circumstances, and connect families to the type of assistance that can make a real difference in a child’s health, development, and ability to learn - such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.



# Home Visiting Community Planning Guide

The guide provides a framework of seven steps that assists your community with making an informed, data driven decision. A fillable form template is provided to document the outcomes of this process.

## Steps of the Self-Assessment:

1. Identify community stakeholders and build a team.
2. Gather your existing community data and convene the stakeholder team and analyze the data and community context.
3. Assess the existing Early Childhood System (ECS) including Home Visiting Programs.
4. Make a determination about moving forward with the implementation of Home Visiting programming in your community.
5. If the determination is made to move forward with Home Visiting, align your outcomes and assess needs/community priorities in step 2 and 3 and analyze the model(s) that best fits the needs of your community.
6. Based on step 5 select a Home Visiting Model(s).
7. Assess the infrastructure, capacity and readiness for the selected model(s) and determine assets and gaps for implementation.

At this point in the process, your community may desire to move forward with some initial next steps and develop an action plan. This self-assessment provides a framework for the community to summarize their findings and to begin to identify the recommended actions toward implementation.

## Step 1: Building a Team

Whether you are starting a new program or expanding existing services, it is important to include a wide variety of stakeholders in the process, such as representatives of early childhood programs and other community services, professionals, researchers, funders, advocates, parents, elected officials, and other community leaders. Identify and convene a wide variety of stakeholders that represent, but are not limited to, early childhood programs, such as

- Mental health service providers
- Family members
- Early care and education
- Home Visiting
- Head Start
- Early childhood regional planning groups
- Vocational education providers
- College and university faculty
- Domestic Violence service providers
- School administrators
- Community health care providers
- Public and private health providers, public and private
- Local health department
- Substance abuse treatment providers
- Juvenile justice providers
- Child welfare providers
- WIC
- Early Development Network
- Community Action Partnership

## Step 1 Team Building Resources

You may already have a team in place that has done similar work, for example, the MAPP or Child Wellbeing process. Below are some tools that can assist you in developing your team (note these tools are intended as reference material only):

- Community Conversation Guide: Getting Started Wisconsin Department of Children & Families.

[http://dcf.wisconsin.gov/children/home\\_visiting\\_needs\\_assessment/pdf/community\\_conversation\\_guide.pdf](http://dcf.wisconsin.gov/children/home_visiting_needs_assessment/pdf/community_conversation_guide.pdf)

- Your One-Stop, Online Resource for Local Community Organizing Efforts Kansas Coalition against Sexual and Domestic Violence

<http://www.kcsdv.org/toolkit/commorgtoolkit.html>

## Step 2: What does the data tell us?

This step begins with the community group assessing strengths and needs. The group should use existing data and obtain additional information on selected home visiting priorities, target groups, and related community resources as needed. It might be helpful for this part of the process to enlist the assistance of someone familiar with data collection and analysis to assist with the interpretation of the data and answer questions such as:

1. What are the patterns or themes?
2. What are possible reasons for the results?
3. How do these results relate to the Early Childhood System?
4. What does the data say about families and their experiences in the community?
5. Looking at the N-MIECHV Level 1 data and the community's comparison to the state averages, what are your community's primary needs and strengths?
6. How do these strengths and needs compare to other current community priorities and/or initiatives?
7. What community priorities can you identify and/or align (if already identified) that a HV program might be able to address?

## Step 3: Assess the Existing Early Childhood System Including Home Visiting Programs

Before going forward with a new or expanded program or initiative, it is important to map the early childhood services and linkages/relationships/ partnerships currently being offered in your community, including but not limited to an inventory of home visiting services. Based on the map and inventory, provide answers to the following questions:

1. What early childhood and HV services currently exist?
2. What are the major strengths of the current services/programs?
3. What populations are currently not being served, what are areas of need not being met?
4. What geographic locations most lack services?
5. What are the gaps that EBHV might fill?
6. What existing networks are present in the community that can assist with building or expanding a HV program?
7. What systems will need to be built?
8. What are the existing resources and gaps related to early childhood and HV professional development and competency building?
9. What community services could provide support to a new, expanded or enhanced home visiting program?

## Step 4: Decision Point

Based on the analysis developed in Steps 2 and 3, what is your finding related to the community's desire to move forward with implementation of EBHV?

1. Moving forward with the expansion of existing services

## Step 2 Data Resource

The resource below will be helpful in examining the data and connecting it to the eight risk factors identified in the MIECHV guidelines.

N - MIECHV Needs Assessment and Level 1 County Data:

<http://dhhs.ne.gov/publichealth/Pages/HomeVisitingIndex.aspx>

2. Moving forward with implementation of new EBHV programming
3. Target efforts in other areas that have been identified as priorities through this process, for example building capacity or readiness, or building early childhood system
4. Defer future planning in this area

**Step 5: If step 4 resulted in a decision to implement EBHV, continue the assessment process and align your outcomes and assessed needs/priorities in steps 2 and 3 and determine which EBHV Models best fit your community.**

The US Department of Health and Human Services conducted a thorough and transparent review of the home visiting research literature to assess the evidence of effectiveness of home visiting program models that target families with pregnant women and children from birth to age 5. The result of this assessment is the Home Visiting Evidence of Effectiveness (HomVEE).

Complete an analysis of EBHV Model Program principles and the areas of effectiveness researched by HomVEE and select a model(s) that best align with your current community situation and needs identified in steps 2 and 3. When needed, engage with staff knowledgeable about the details of the program to relate these principles to those of your community. As needed, also access the program developer to assist with this process. You may want to consider websites, publications, conference calls, Tele-Health technology as resources.

A comparison table of the models and the areas of effectiveness (Child Development & School Readiness, Child Health and Maternal Health, Family Economic Self- Sufficiency, Linkages & Referrals, Positive Parenting Practices, Reductions in Child Maltreatment) is provided in the Guide Template.

Model Program areas of effectiveness researched by HomVEE are prefilled in columns 3-16. In column 1 provide the top community priorities, needs or outcomes the stakeholder group has identified during step 2 and 3 (for example your community might identify “increasing positive birth outcomes” as a priority). List those community priorities that match or closely relate to the outcome areas for each of the models in the appropriate line. List those that do not match in the empty lines at the bottom of the table. In column 2 identify the risk domains that were identified in the Level 1 Needs Assessment (if your community participated in this assessment). An example is provided below.

Community Priorities or Needs	Community Risks Level 1 Analysis	HFA (Healthy Families America)	EHS (Early Head Start and Early Head Start New Zealand)	PAT	CPU (Child First)
Early Care and School Readiness		Child Dev. & School Readiness	Child Dev. & School Readiness	Child Dev. & School Readiness	Child Dev. & School Readiness
Access to and Utilization of Health Care Prenatal Care Birth Outcomes Teen Pregnancy	Pregnancy Outcomes	Child Health and Maternal Health			Maternal Health

## Step 5 MIECHV Approved HV Models

Detailed information on the twelve MIECHV approved models can be found at:

Models:

<http://mchb.hrsa.gov/programs/homevisiting/models.html>

Evidence and Research about Model Effectiveness:

<http://homvee.acf.hhs.gov/>



As appropriate also provide answers to the following focus areas:

1. If home visiting services exist in your community, have these services been well received by families?
2. How do the areas of effectiveness researched by HomVEE relate to your community priorities and needs?
3. Which model(s) closely relate to your community priorities/risks and expected outcomes?
4. How well is the community able to meet the model's critical elements related to participant recruitment, staff recruitment and retention and referrals to outside services?
5. What is the capacity of the community to sustain the cost of the model long term?

### Step 6: Decision Point

Based on the analysis completed in step 5, what is your conclusion?

- a. Approved Evidence Based Model(s) chosen
- b. Moving forward with a home visiting model that is not an approved MIECHV model
- c. Defer future planning in this area

### Step 7: If step 6 resulted in the decision to implement EBHV, continue the process and assess the infrastructure and capacity for implementation readiness for the selected EBHV model.

Examine basic requirements of the selected EBHV model(s) and assess provider and /or community capacity and experience, workforce questions, and access to technical assistance and program support needs. Describe the following strengths, barriers and needs related to:

1. Recruitment and engagement of participants
2. Recruitment and retention of qualified staff as required by the model
3. Current level of readiness for model accreditation (if an existing program is considered) and maintaining fidelity to the model
4. Professional development and competency building
5. Connection with and integration into the early childhood system

### Next Steps

At this point in the process, your community may desire to move forward with some initial next steps and develop an action plan.

## Step 7 Implementation Fidelity Resource

This resource provides capacity information about infrastructure for the adoption, implementation, and sustainability of these programs.

- Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment, Mathematica Policy Research:

<http://www.mathematica-mpr.com/earlychildhood/evidencebasedhomevisiting.asp>